reviews

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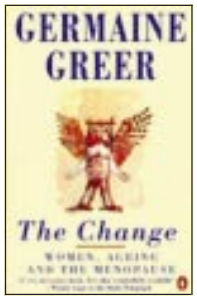
The Change: Women, Ageing and the Menopause

Germaine Greer



Penguin Books, £9.99, pp 480
ISBN 0 14 012669 4
First published in 1991 by Hamish Hamilton

Rating: ★★★★

Germaine Greer is fated to be a prophet with few followers. From the knickerless groupie of the free love days, exhorting women to explore their own genitals, to the middle aged woman advocating joyful celibate cronehood, Greer's vision has always been idiosyncratic. Her interpretation of sexual liberation has evolved as she herself has aged, but she has not always succeeded in taking women with her.

In *The Change: Women, Ageing and the Menopause* she argued that women would come into their true selves when middle age disqualified them sexually. She urged women to use their invisibility to seize their own power and she warned them of the Evil Empire—gynaecologists and pharmaceutical companies, peddling the panacea of postmenopausal hormones.

It is now 11 years since Greer's book was first published. In that time hormone replacement therapy has been normalised as what women do at the menopause. In the United States, this started happening a long time ago. When I toured the USA, promoting my book *The Menopause Industry: A Guide to Medicine's Discovery of the Mid-Life Woman* (Penguin, New Zealand), published in the same month in 1991 as Greer's book first appeared, I found that women couldn't comprehend my own strategy to "do nothing." I produced tennis as my personal menopause management strategy, thus rescuing myself from being totally written off.

At that time I naively thought that my own salt-of-the-earth New Zealand countrywomen would never come under oestrogen's thrall. But recent data show that between 1991 and 1997 the proportion of kiwi women who had ever used hormone replacement therapy increased from 19% to 32% and women currently using oestrogen at the time of the survey increased from 12% in 1991 to 20% in 1997. The reasons given for using HRT have broadened. More women are using HRT for prevention with a quarter of women using HRT for prevention of heart disease (*New Zealand Medical Journal* 2001;114:250-3). A survey by the New Zealand Guidelines Group in May 2001 showed that one third of current users started using HRT for "emotional stability," while 17% said that looking younger and benefits to skin were other reasons for starting (www.nzgg.org.nz).

However, questions have been raised about short and long term risks to women of HRT and the lack of long term benefits. The cornerstone of long term use has been prevention of heart disease and osteoporosis, but recent research findings have severely challenged these claims. Preliminary results from the US National Institutes of Health Women's Health Initiative show more heart attacks, blood clots, and strokes in women using HRT (www.nhlbi.nih.gov/whi/index.html).

But these warnings are making not even a dent in the enthusiasm of women and their doctors for HRT. Postmenopausal hormones are the world's best selling prescription drugs. The New Zealand *Guideline on the Appropriate Prescribing of HRT*—which concluded that HRT was not recommended for use at the menopause and which is by far the most rigorous guideline in Australasia—barely earned a place on the platform at the 5th Australasian Congress on the Menopause held in Melbourne last October and was clearly seen as aberrant. Instead medical opinion leaders, unwavering in their devotion to oestrogen, regaled the audience with a smorgasbord of indications for using HRT.

In the 21st century, medicalisation has become mainstream, even desirable. Letting nature take its course is not an attractive argument when popular culture presents consumerist solutions to social problems and when the public is persuaded to regard medical intervention of even an extreme kind as a personal choice.

Seventeen year olds take out bank loans to pay for silicone breast implants while their mothers and even grandmothers have animal toxins injected into their wrinkles. The skin is mapped according to its potential for malignancy. Orifices are scrutinised for suspicious lumps and bumps. Foods are pumped full of extra substances. Even wine is now eulogised for its medicinal properties.

Today's "worried well" don't know any other state.

STEFAN ROUSSEAU/PA

Germaine Greer: warned women to beware of gynaecologists and pharmaceutical companies

Women like Greer and I emerged from the '60s sexual revolution and went about consciousness raising to learn to love our body hair, female smells, and bodily imperfections. With the demise of the feminist movement, there is no one to contest the reassertion of traditional ideals of femininity. Today's cultural acceptance of HRT depends on a stereotype of women as eternally youth seeking and narcissistic, everything we railed against. In Greer's words, women of our own time are "allowed to be nothing but body."

The triumph of HRT has been achieved at the same time as women in many countries are reaching the highest echelons. In my own country, the prime minister, attorney general, chief justice, and governor general are all mid-life women. The tragedy of HRT is that so many women risk so much to gain so little.

Sandra Coney *Executive director of the women's health consumer advocacy group Women's Health Action, New Zealand*
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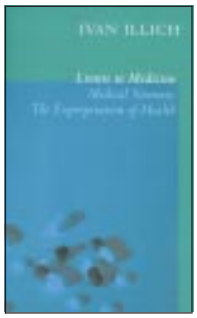
Items reviewed are rated on a 4 star scale (4=excellent)

The books reviewed in this week's theme issue are all currently in print, but *Disease-Mongers* is available only from the USA: try ordering online direct from the publisher. The BMJ Bookshop has copies of *Limits to Medicine* in stock, and will endeavour to order *The Change* and any other books reviewed in the *BMJ*. To order, contact the BMJ Bookshop, BMA House, Tavistock Square, London WC1H 9JR.
Tel: 020 7383 6244, Fax: 020 7383 6455
email: orders@bmjbookshop.com
Online: bmjbookshop.com
(Prices and availability subject to change by publishers.)

Limits to Medicine. Medical Nemesis: The Expropriation of Health

Ivan Illich



Marion Boyars, £12.95, pp 294
ISBN 1 84230 007 5

Rating: ★★★★

The closest I ever came to a religious experience was listening to Ivan Illich. A charismatic and passionate man surrounded by the fossils of the academic hierarchy in Edinburgh, he argued that "the major threat to health in the world is modern medicine." This was 1974. He convinced me, not least because I felt that what I saw on the wards of the Royal Infirmary of Edinburgh was more for the benefit of doctors than patients. I dropped out of medical school that day. Three days later I dropped back in again, unsure what else to do. Now I'm the editor of the *BMJ*, which is ironic. Having deserted medicine, I've become a pillar of the British medical establishment (yes I am, like it or not).

I devoured both *Medical Nemesis* and *Limits to Medicine*, and now I've reread the latter—for the first time in 25 years. The power of the book is undiminished, and its prescience seems remarkable. What was radical in 1974 is in some sense mainstream in 2002. Medicine does seem to have over-reached itself and some reining in will benefit not only patients but also doctors.

Health, argues Illich, is the capacity to cope with the human reality of death, pain, and sickness. Technology can help, but modern medicine has gone too far—launching into a Godlike battle to eradicate death, pain, and sickness. In doing so, it turns people into consumers or objects, destroying their capacity for health.

Illich sees three levels of iatrogenesis. Clinical iatrogenesis is the injury done to patients by ineffective, toxic, and unsafe treatments. The book has extensive footnotes and Illich is equally at home with the *New England Journal of Medicine* and medieval German texts, making him a formidable opponent for the contemporary doctor who might dispute his conclusions. Evidence based medicine is described in these pages, 20 years before the term was coined. Illich also points out that 7% of patients suffer injuries while hospitalised. Yet only in the past few years and in a few countries have doctors begun to take patient safety seriously.

Social iatrogenesis results from the medicalisation of life. More and more problems are seen as amenable to medical intervention. Pharmaceutical companies develop expensive treatments for non-diseases. Health care consumes an ever growing proportion of the budget. In 1975 the United States spent $95bn on health care, 8.4% of its gross national product—up, Illich noted, from 4.5% in 1962. Predictions published this month suggest it will be $2815bn, 17% of GNP, by 2011. Can this be sensible?

Worse than all of this for Illich is cultural iatrogenesis, the destruction of traditional ways of dealing with and making sense of death, pain, and sickness. "A society's image of death," argues Illich, "reveals the level of independence of its people, their personal relatedness, self reliance, and aliveness." Dying has become the ultimate form of consumer resistance.

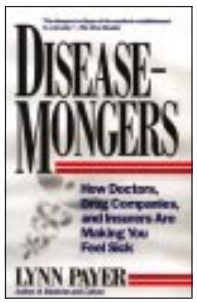
Illich's book is more polemic than analysis and should be read as such. The rhetoric is intoxicating, and I can see why Illich captured my soul all those years ago. Illich was a Catholic priest before he became a critic of industrial society, and the story he tells reeks of "the fall of man."

It's the ultimate book reviewer's cliché to say that every doctor and medical student should read this book, but those who haven't have missed something important. When sick I want to be cared for by doctors who every day doubt the value and wisdom of what they do—and this book will help make such doctors.

Richard Smith *editor, BMJ*

Disease-Mongers: How Doctors, Drug Companies, and Insurers are Making You Feel Sick

Lynn Payer



John Wiley & Sons, $12.95, pp 292
ISBN 0 471 00737 4
This title is now only available direct from the USA. See www.wiley.com

Rating: ★★★★

Lynn Payer's *Disease-Mongers* is passionate, provocative, and prescient. The book's thesis is simple, compelling, and for many people utterly counter-intuitive: doctors, drug companies, and device manufacturers are engaged in "broadening the definitions of diseases" in order to increase demand for their products and services. Since the book was first published in 1992, the evidence has mounted that Payer's disturbing view of the medical establishment is all too accurate.

Payer quickly establishes her argument that the boundaries of disease are fluid, and that there are too many vested interests trying to push those boundaries as wide as possible. In tough, accessible prose she details the way that doctors, drug companies, test makers, medical writers, hospitals, courts, and insurance companies are all caught up in a frenzy of disease-mongering: "Trying to convince essentially well people that they are sick, or slightly sick people that they are very ill—is big business."

Payer also explores the many tactics of the disease-mongers, including turning normal life into a disease (for example, menopause), exaggerating the suffering attached to mild problems (for example, premenstrual syndrome), and using extreme, unrepresentative examples of severe symptoms when depicting a common condition (for example, bone-thinning). Payer's criticisms of the media are particularly biting, arguing that it often forms part of an "unholy alliance" with industry and the medical profession, to make a condition look as widespread and serious as possible.

But the book is in fact much bigger than a critique of disease-mongering. It also introduces a lay audience to the move to an evidence based approach in medicine, and ends with constructive suggestions for reshaping the US healthcare system.

Disease-Mongers is not a well known book, partly because of its own flaws. Although Payer synthesises highly complex scientific evidence and makes it comprehensible to a wide lay audience, she has not crafted a racy non-fiction narrative.

The best things about this book are its three central claims—which are illustrated by plenty of examples, and backed by good evidence from the world's leading medical journals. Firstly, more and more of the processes and ailments of life are being seen as medical problems. Second, self interested forces seek to make those medical conditions look as widespread and serious as possible. Thirdly, the therapies for these problems are oversold: their benefits are played up, their harms are played down.

To write the book off as gratuitously anti-doctor or anti-drug would be a gross error. The great power of Payer's thesis is this: resources wasted on expensive and needless tests or therapies for the healthy are resources that could have been available to ameliorate or prevent the suffering of the genuinely ill. Yes, deciding where to draw the line between what is healthy and what is legitimately treatable pathology is not always easy. But as Payer has helped us to understand, to continue to allow those with vested interests to have such a strong influence over those decisions is plainly unhealthy.

Ray Moynihan *journalist*
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How medicine sells the media

As the world grappled with the aftermath of September 11, the cosmetic surgery industry in Australia was quick to recognise a marketing opportunity.

Collagen Australia, whose parent company is the US-based Inamed Corp, issued a news release late last year claiming that business was booming for cosmetic surgeons in the wake of the disaster. The release began memorably: "Once, when a woman was down in the dumps, she bought a hat. More recently, she went out and bought a bright lipstick. These days, however, when economic times are tough and the future uncertain and she wants to cheer herself up, she plumps up her lips or has her wrinkles removed."

A cosmetic plastic surgeon was quoted as saying that many patients had put overseas holidays on hold because they were concerned about air travel and were choosing to have cosmetic surgery instead of a holiday. "People are saying they want procedures and treatments to cheer themselves up, make them feel better," he said. "They are saying we don't know what is around the corner, so let's enjoy life now."

While some might see this as a blatant attempt to promote both product and professional services, many media outlets saw it as news. The release was widely covered by radio and newspaper outlets, according to Pamela Robson, the public relations practitioner who circulated it on behalf of the manufacturer.

Collagen Australia says it was pleased with the coverage. This suggests media reports did not raise issues such as the appropriateness of using September 11 as a marketing tool, or whether equating cosmetic procedures with a holiday does justice to the potential risks of the former.

Robson, whose consultancy specialises in medical marketing, says the public generally does not appreciate that when doctors are quoted in the media, it is often because they are actively promoting something. "They are all very keen to be in the media and they are very keen on publicity because publicity gives you the kind of credibility you don't get from an ad," she says.

While this news release is extreme in some ways, not least because of its patronising depiction of women, it highlights a broader issue: that a convergence of professional, commercial, and media interests can lead to promotional media coverage which often has the effect of medicalising issues.

Medicalisation is not only in the interests of health professionals and manufacturers; it also suits the media imperative of attracting audiences. New treatments and research which promises to provide new treatments thus generally rate high on the scale of newsworthiness.

USGS/AP PHOTO

September 11: used as a marketing tool

Much coverage of diagnostic and screening tests—which have the potential to lead to a cascade of medical intervention—is also promotional, highlighting benefits rather than risks and costs.

Similarly, the media has been quick to promote the potential benefits of functional food, or "food as medicine," and of genomics, as reflected in reports heralding the development of widespread genetic screening and intervention.

Another way that the media contributes to medicalisation is by giving greatest prominence to the views of doctors when covering health, while consumer viewpoints generally are under-reported. We often are surprisingly uncritical of medical sources, and rarely, for example, ask doctors and researchers if they have potential conflicts of interest.

If a doctor says something—that cosmetic surgeons are busy because of September 11, for example—it must be true. An alternative explanation—that business is booming because of effective marketing—is not raised.

Hilda Bastian, convenor of the Cochrane Collaboration's consumer network, says the media's amplification of public health messages has also contributed to medicalisation, by raising public concerns about risk. "Public health experts are making us all paranoid, that at any time your body could be turning against you," she says. "Here we are, healthier than we've ever been if you're in a developed country, and yet people are more scared than they've ever been about illness."

Bastian says competition between charities and other groups for public awareness and funds also helps promote public concern about health. "Any survey will show that people totally overestimate their risk of cancer," she says. "Does that stop cancer awareness-raising activities? It does not. How scared do you have to be? The answer is, till their area is as well funded as they want it to be."

There may be some truth to the old joke that medical journalists make a living out of encouraging hypochondria and public alarm. What's good news for media business can also be good news for medical business.

Melissa Sweet *freelance journalist who specialises in covering health and medicine in Australia*

WEBSITE OF THE WEEK

Death, sex, and gardening It's well known that what the person on the Clapham omnibus believes about health, death, and disease often conflicts with the professional understanding of these matters. But it's a bit odd that patients are much more aware of the nature of the health professionals' biomedical explanatory model than most doctors are of lay accounts of illness, diagnosis, and treatment. Doctors tend to regard medical sociology with indifference if not overt contempt. The *BMJ* this week may persuade you that it would be wise to become more alert to alternative viewpoints.

Illich suggested that the dominant idea of death in a society determines the prevalent concept of health. As Joanne Tippett implies in the essay whose brilliant title I have stolen for this piece, this isn't much more than a fancy way of saying that the way a society thinks about death is closely connected to the way it thinks about illness. Visit www.holocene.net/sustainability/essays%20and%20e.g.s/meaning-symbols-gardening.htm to decide whether her argument that the medicalisation of death leads to a dissociation of Westerners from processes of decay, fertility of the soil, and the growth of plants is wacky or compelling.

Michel Foucault saw medicine as an instrument of social control. His writings are notoriously runic but www.stanford.edu/dept/HPS/BirthOfTheClinic/ may help you make sense of pronouncements such as "the medical gaze positions the private space of the individual body as an object within the power structure of the public medical discipline."

Montaigne's views about life, death, and the medical profession are always worth reading. They are well represented in the anthology of medical quotations at the American College of Physicians' website (www.acponline.org/medquotes/index.html). Although Montaigne died in 1592, much of what he said seems right up to date. Perhaps he was warning about the medicalisation of everyday life when he wrote: "The utility of living consists not in the length of days, but in the use of time: a man may have lived long, and yet lived but a little."

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PERSONAL VIEW

Accountability

Public accountability is all the rage these days, and I would like to do a little "raging." Everyone agrees that accountability is a good thing, but its application seems painfully patchy.

Penny Mellor, the campaigner who worked hard for more than three years to get Professor David Southall called to account for his work to prevent child abuse in Stoke-on-Trent, wanted public accountability. She has now had her own dose of this, because last month she was sent to prison for two years (*BMJ* 2002;324:754). She was found guilty, in open court, of conspiring to abduct a schoolchild protected by a court order imposed after paediatricians in Sunderland became concerned over the fabricated nature of a sibling's health problems.

Mrs Mellor believes most accusations of Munchausen's syndrome by proxy are ill founded, and she has long been a major contributor to a website where such issues are aired (www.msbp.com). When she got to hear of this family's problems, and of Professor Southall's involvement, she offered her help and support. This was in almost the same week as she had helped another woman with similar concerns lodge a complaint with the hospital where Professor Southall works. She has now paid a high price for this impulsive gesture.

Mrs Mellor is a driven woman. She also uses colourful language to describe some of the people of whom she disapproves. She once, very memorably, likened Professor Southall to Joseph Mengele. At least it got her noticed. Over the next two years she managed to attract the sort of publicity any political spin doctor would give his right arm for. But sadly, although she has now had to account for her actions in public, Professor Southall, the person she wanted to be called to account, has not. And that is not because he was reluctant to defend himself in public, but because he was not allowed to.

She disliked his covert video surveillance of disturbed parents and wanted this exposed. She saw this work as research, rather than the audited development of clinical practice, and became convinced of this when Professor Southall published his findings. This was research, she argued, so why had it not had ethics approval? Others before her have wrestled with this and failed to come up with a convincing way of distinguishing one from the other. She got no answer and went to the press.

Eventually the government, the NHS Executive, the hospital, the General Medical Council, and its nursing equivalent all took her complaints seriously. Now the complaints have been dismissed, but never, at any time, has she—or the public—seen the evidence that led to their dismissal. That is not public accountability. She has been subjected to it, but she has never had it herself. Allegations were lodged with the police and with the GMC that consent forms had been forged. These have also been dismissed, but nobody knows why. Were the forms fraudulent, or were the complaints about them fraudulent? We are not told. The GMC has now decided on a public review of Professor Southall's management of three cases of child abuse at some future date. One case occurred 12 years ago. Justice delayed eventually becomes justice denied.

Accountability is also about counting the cost, tangible and intangible. Two consultants were suspended on full pay for a total of 47 months, but nobody has explained why they had to go on leave, or why the investigation took three years. The initial review panels concluded that Mrs Mellor's complaints were justified, but later ones decided that there had been "no professional misconduct or incompetence." No one has been asked to account for this.

> If Mrs Mellor's complaints had been handled openly, the public would now know why they were dismissed

We know the investigation cost the hospital £750,000. The cost to the GMC and the medical defence societies (which doctors fund) will have been equally substantial. Nor has anyone yet put into the balance sheet the damage done to clinical research. Worse still, the mismanagement of these complaints has sent young doctors a strong signal that, unless they want to risk a public pillorying, it is wise to avoid child protection work.

If Mrs Mellor's complaints had been handled openly, the public would now know why they were dismissed, and so would she. That official bodies spent so long looking into the complaints must have convinced Mrs Mellor that her concerns had merit. To that extent she herself has become one of the victims of this failed attempt at public accountability. Others egged her on, but she and her eight children now pay the price. Perhaps the central dilemma needs clearer exposure. The call for professionals to be held accountable in public for their care of patients is balanced by a simultaneous expectation that all the details of that care should remain confidential. It is seldom possible to have one without the other. Perhaps the public need to decide which they want.

Edmund Hey *retired paediatrician, Newcastle upon Tyne*

Competing interests: Funding, none. The author has admitted to a concern that clinical research to safeguard the interests of people using health services is in serious jeopardy.

SOUNDINGS

Back to school

First, what to wear? Perhaps blazer, club tie, and stout brown walking shoes. Definitely not a suit. The week-long update course is, shall we say, not aimed primarily at hospital doctors.

When I get there, there are no suits and precious few blazers, but lots of pullovers and a truly impressive range of sensible, comfortable footwear. And everyone seems very relaxed, even at the ritual initiation of coffee and registration.

Familiar faces? A fair few, mainly local doctors whose patients I see from time to time. Among them is an equable survivor of a house job more than 30 years ago: a co-resident for six months on a rota with no weekends and weekly hours running well into three figures. By Tuesday we are even chatting about the residency cockroaches, as though they were old friends too. A less familiar face turns out to be a former student from a little under 20 years ago. A quick, astonishing intercontinental update follows: general practice in East Africa sounds, um, challenging.

Our lecturers are mainly hospital colleagues. Lectures, it dawns upon me as they come and go, are self portraits too, verging occasionally upon self caricature. There is the rumpled, anxious Hampstead boy of 45, worrying still about what his mum thinks of his diet, his lifestyle, his suits—and all this he tells us, oy vay. Then the Edinburgh lady of a certain age: crisp, practical, and authoritative in her emerging subspecialty. Miss Jean Brodie, one feels, would be proud of someone so obviously one of her girls.

And it is all so relaxing: the schoolroom routine of talks and questions, breaks morning and afternoon, and time off for lunch. Lunch? Like many others in the trade, I had long abandoned the idea that lunch might mean sitting down, eating and talking with colleagues, and relaxing a little—more coffee? time with a newspaper? a walk as far as a bookshop?—before returning to work.

All this, and education too? Surely too much to ask, but by the end of a week spent variously taking notes, dozing off, and challenging or flattering our teachers, we have indeed been updated. In the collegial calm of the course, some pleasant and articulate doctors have shared their knowledge and their uncertainties too. Over a final coffee I discover that quite a few people come year after year. Yes. And perhaps—next year—a pullover.

Colin Douglas *doctor and novelist, Edinburgh*